

ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS
BACKGROUND INVESTIGATION QUESTIONNAIRE

Incomplete information or failure to follow instructions will delay the selection process and may eliminate you from consideration.

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment. An extensive background investigation will be conducted into your personal history. Applicants may be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that I will not receive a copy of this report, and I am not entitled to **know its contents**, and I further understand that the contents will be used in the evaluation process for employment. I understand that no documents that I submit will be returned and no copies of any other reports or documents utilized for or during my application for employment or commission will be furnished or given to me.

When written explanations are required in this form, it is **MANDATORY** that the information be listed **TOTALLY AND COMPLETELY**. If additional space is needed, use the area located in the back of the questionnaire. When dates are requested, the month and year are usually sufficient. Please ensure that all appropriate check boxes are marked. If a yes or no check box, you must check one.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION, AND I ACKNOWLEDGE THAT ALL THE INFORMATION DISCLOSED IS TRUE AND ACCURATE.

Name (Please Print: Full Name, Last, First, Middle)

Social Security Number

Signature of Applicant

Position Applied For

Date Signed

FOR OFFICE USE ONLY

POSITION APPLIED FOR: ☐ ADJC Employee ☐ Intern ☐ Volunteer, type: _____

SERVICE LOCATION: AMS _____ BCS _____ CMS _____ EPS _____ SMS _____

CO _____ CADET _____ ENCANTO _____ PAROLE _____

ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS

VALUES

- VALUE 1:** We value a clear, simple, community-centered vision.
- VALUE 2:** We value the safety of the citizens of Arizona and the youth in our care.
- VALUE 3:** We value the families, friends, key stakeholders, and staff who support positive change in our youth.
- VALUE 4:** We value the experience, expertise, and integrity of our staff.
- VALUE 5:** We value a richness of diversity among our staff and youth.
- VALUE 6:** We value creating opportunities for youth and families to lead productive lives.
- VALUE 7:** We value continuous improvement and learning in all individuals.
- VALUE 8:** We value excellence, innovation, and quality practices based on good data and research.
- VALUE 9:** We value change for the growth opportunities it brings.
- VALUE 10:** We value collaboration and teamwork.

I hereby certify that I have read the above values and agree to abide by these values.

Signature

Date

CONSENT TO SEARCH - NOTICE - WARNING

Any person who takes any item that is not specifically authorized by the ADJC facility, into or out of the facility or onto grounds adjacent to the institution, is subject to prosecution under the provisions of the Arizona Revised Statutes. ALL PERSONS, including employees and visitors, are subject to routine and random searches of their person and/or property when entering, preparing to enter, or leaving a facility at established checkpoints, and/or in other particular areas.

I, the undersigned, have read the above notice and understand the meaning of this notice. I realize the threat presented to the safe and secure operation of the institution when contraband and other unauthorized items are taken into or out of a facility. Therefore, I give my consent to have my person, clothing or other property thoroughly searched upon entering or leaving any institution, at any time while on the grounds of an institution, or while in a secure area approaching the grounds of an institution. I consent to be searched by a Department employee at any time in accordance with ADJC Policies and Procedures. I understand that this consent is required of all employees as a condition of employment.

Signature

Date

() -
Home Telephone

() -
Contact Telephone

Witness's Name

Title

Organization/Unit

Witness's Signature

Date

EMPLOYMENT HISTORY

List all places of employment and periods of unemployment in the past five (5) years, beginning with the present or most recent employer and going backwards. List everything in proper sequence. **OMIT NONE!** All time must be accounted for by providing an explanation e.g. unemployed, volunteer work, attended school or worked part time.

1) Name of Employer	Position Title	Work Telephone () -	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving			

2) Name of Employer	Position Title	Work Telephone () -	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving			

3) Name of Employer	Position Title	Work Telephone () -	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving			

4) Name of Employer	Position Title	Work Telephone () -	
Supervisor's Name	From	To	
Employer's Address	City	State	Zip
Reason for leaving			

FAMILY REFERENCES

(List spouse, children and all immediate family members including mother, father, sister, brother). If current whereabouts are unknown, please indicate in the address box "unknown" and provide the last date you had contact with that family member **Please note-An address is required and at least one phone number (work or home).**

Name (Last, First, Middle)	Address (Street, City & State)	Zip Code	Telephone Number	Relationship	Age
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		

PERSONAL REFERENCES - List three references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years. An address is required as is at least one phone number (work or home) blank spaces are not acceptable.

Name (Last, First, Middle)	Address (Street, City, State, Zip)	Home Telephone () -
Work Telephone () -	How Long Known	Occupation
Name (Last, First, Middle)	Address (Street, City, State, Zip)	Home Telephone () -
Work Telephone () -	How Long Known	Occupation
Name (Last, First, Middle)	Address (Street, City, State, Zip)	Home Telephone () -
Work Telephone () -	How Long Known	Occupation

Have you ever applied for any position with another law enforcement agency? YES ☐ NO ☐. If YES, explain below:

Date	Agency Name	City	State	Status of Application

Have you ever had any involvement or association with another law enforcement agency or correctional facility either as a volunteer or paid employee? Note: if you have listed a law enforcement position under Employment History - it is not necessary to repeat the information in this space. YES ☐ NO ☐ If YES, when and where.

MILITARY STATUS

Have you ever served in any Armed Forces; Army, Navy, Air Force, Marines, Coast Guard, National Guard or any reserve unit? YES ☐ NO ☐ If YES, explain below:

Date From	Date To	Military Branch	Rank	Discharge Type

Are you registered with the Selective Service? YES ☐ NO ☐ If NO, explain

Where (City & State)	Date Registered
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DRIVING HISTORY

Have you ever been given a ticket for any traffic or parking violations since you began driving, including citations that were dismissed after attending traffic school? YES ☐ NO ☐ If YES, explain below: (Use an continuance sheet if necessary).

Date	Violation	Disposition	Law Enforcement Agency	City	County	State

List all drivers and/or commercial drivers (chauffeurs) licenses you currently hold: (License number & State)

Have you ever had your license revoked or suspended? Yes ☐ NO ☐ If YES, explain:

ILLEGAL SUBSTANCES

NOTE: Experimentation or use of marijuana or other drugs or controlled substances may not necessarily disqualify an applicant.

Please respond to each question. If YES, please explain (use an additional sheet if necessary)	Date Used From	Date Used To	How many times used?
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you experimented with or used marijuana within the past 12 months			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you experimented with or used dangerous drugs or narcotics within the past five (5) years? If yes, list which dangerous drugs or narcotics.			

Additional Comments:

INCARCERATED FAMILY MEMBERS OR FRIENDS - Per ADJC Policy 1200

Are you acquainted with or related to any current or former youth, youth on parole, or youth on probation in the Department of Juvenile Corrections or any other prison or incarceration system? YES ☐ NO ☐ If YES, complete the sections below

Name (Last, First, Middle)	Age	Relationship	Location/State where incarcerated

PERSONAL DATA

Name (Last, First, Middle, Jr. or Sr.)				Social Security Number			
Current Address (Street, Number, City, State, Zip Code)							
Alias/AKAs							
Home Telephone () -				Message Telephone () -			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Hair	Eyes	Date of Birth	
Place of Birth: City		State	Country	Driver's License Number (State, Number)			

PREVIOUS ADDRESSES

(List all previous addresses for the past five (5) years, start with the last address and work backward in time.)

Street/City	County	State	Zip Code	Date From	Date To

CRIMINAL HISTORY

Have you **ever** been **arrested, cited, convicted, charged or placed in pre-trial diversion**, for any offense or violation of any statute, ordinance, law or regulation by any civil or military authority, in this country or any other country? (Include any arrests or convictions as a juvenile) YES ☐ NO ☐ If YES, explain below (use continuance sheet if necessary)

Date	Charges	Misdemeanor or Felony	Disposition	Law Enforcement Agency	City	County	State

Are you currently on Probation or Parole? YES ☐ NO ☐ If YES, where and for what?

CONTINUANCE:

CONTINUANCE:

EXECUTION OF THIS DOCUMENT INCLUDES THE FOLLOWING SWORN STATEMENT:

(PER A.R.S. 41-2814)

Have you ever been arrested for, convicted of, awaiting trial, or committed any of the following criminal offenses in this state or similar offenses in any other state or jurisdiction?

- | | | | |
|-----|------------------------------|-----------------------------|---|
| 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | SEXUAL ABUSE OF A MINOR |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | INCEST |
| 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | FIRST OR SECOND DEGREE MURDER |
| 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | KIDNAPPING |
| 5. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ARSON |
| 6. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | SEXUAL ASSAULT |
| 7. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | SEXUAL EXPLOITATION OF A MINOR |
| 8. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | OFFENSES INVOLVING CONTRIBUTING TO THE DELINQUENCY OF A MINOR |
| 9. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | COMMERCIAL SEXUAL EXPLOITATION OF A MINOR |
| 10. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | OFFENSES INVOLVING SALE, DISTRIBUTION OR TRANSPORTATION OF, OFFER TO SELL, TRANSPORT OR DISTRIBUTE MARIJUANA OR DANGEROUS DRUGS OR NARCOTIC DRUGS |
| 11. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | OFFENSES INVOLVING THE POSSESSION OR USE OF MARIJUANA, DANGEROUS DRUGS OR NARCOTIC DRUGS |
| 12. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | BURGLARY |
| 13. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | AGGRAVATED OR ARMED ROBBERY |
| 14. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ROBBERY |
| 15. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | A DANGEROUS CRIME AGAINST CHILDREN AS DEFINED IN SECTION 13-604.01, A.R.S. |
| 16. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | CHILD ABUSE |
| 17. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | SEXUAL CONDUCT WITH A MINOR |
| 18. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | MOLESTATION OF A CHILD |
| 19. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | MANSLAUGHTER |
| 20. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ASSAULT OR AGGRAVATED ASSAULT |
| 21. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | EXPLOITATION OR MINORS INVOLVING DRUG OFFENSES |
| 22. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | DRIVING UNDER THE INFLUENCE OF ALCOHOL/ DRUGS |
| 23. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | OFFENSES INVOLVING DOMESTIC VIOLENCE |

EXECUTION OF THIS DOCUMENT INCLUDES THE FOLLOWING CONDITIONS AND CONSENTS:

Do you understand that any person who takes any item that is not specifically authorized by the institution into or out of the facility or onto grounds adjacent to the institution is subject to prosecution under the provisions of Arizona State law?

Yes ☐ No ☐

Do you understand the meaning of the above and realize the threat presented to the safe and secure operation of the institution when contraband and other unauthorized items are taken into or out of a facility?

Yes ☐ No ☐

Do you understand that the term "background investigation" as used in this document refers to any and all information and sources of information that the Arizona Department of Juvenile Corrections in its sole discretion, may deem necessary to obtain or contact in order to determine your fitness as an employee, contractor employee, intern or volunteer?

Yes ☐ No ☐

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER OF LIABILITY

THE UNDERSIGNED APPLICANT HEREBY FREELY AUTHORIZES ANY AND ALL FORMER EMPLOYERS, INCLUDING ANY AND ALL INDIVIDUALS, PARTNERSHIPS, CORPORATIONS AND ENTITIES OR GOVERNMENTAL AGENCIES TO RELEASE, FURNISH, SHARE AND EXCHANGE ANY INFORMATION THAT YOU MAY HAVE CONCERNING ME, INCLUDING INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE AS WELL AS INFORMATION OBTAINED BY MY SOCIAL SECURITY NUMBER, TO ANY AUTHORIZED AGENT OF THE STATE OF ARIZONA.

I HEREBY RELEASE FROM LIABILITY AND PROMISE TO HOLD HARMLESS, UNDER ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION
 ARISING OUT OF MY STATEMENTS, ACTS OR OMISSIONS MADE IN CONNECTION WITH MY BACKGROUND INVESTIGATION, ANY AND
 ALL PERSONS OR ENTITIES WHO SHALL FURNISH ANY INFORMATION OR OPINIONS TO THE OFFICERS, AGENTS OR EMPLOYEES OF
 THE A.D.J.C. WHO CONDUCT MY BACKGROUND INVESTIGATION; PROVIDED, HOWEVER, THAT THIS PARAGRAPH SHALL NOT BE
 CONSTRUED AS A WAIVER OR ANY LEGAL PRIVILEGE, SUCH AS; ATTORNEY-CLIENT, PHYSICIAN-PATIENT, CLERGYMAN-
 PARISHIONER, ETC., OR ANY CAUSE OF ACTION FOR LIBEL THAT I MAY HAVE.

FALSE OR INCOMPLETE ANSWERS COULD RESULT IN CRIMINAL PROSECUTION, EMPLOYMENT DENIAL, OR SUBSEQUENT DISMISSAL FROM ANY POSITION OBTAINED AS A RESULT HEREOF.

STATE OF ARIZONA)
)
)§§
COUNTY OF _____)

I, _____, BEING FIRST DULY SWORN UPON OATH HEREBY DEPOSE, SWEAR, AND
Printed name of applicant
 DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT MAKING THE FOREGOING QUESTIONNAIRE AND THAT SAID
 QUESTIONNAIRE HAS BEEN READ AND UNDERSTOOD AND THAT THE CONTENTS THEREOF AND ALL STATEMENTS CONTAINED THEREIN
 ARE TRUE, CORRECT, AND COMPLETE.

Signature of applicant

SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this _____ day of _____, 20____

(SEAL)

My Commission expires on_____

Signature of NOTARY PUBLIC

APPLICANT: DO NOT WRITE BELOW THIS LINE

***** FOR A.D.J.C. USE ONLY *****

Review/hiring authority:	Title	Telephone number(s):
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Address _____

Comments: _____